

<i>SERFF Tracking Number:</i>	<i>PHAR-125461614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AR-BOP-06-08-R</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Filing Revised BOP exception page</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Filing Revised BOP exception page SERFF Tr Num: PHAR-125461614 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 05.0002 Businessowners Co Tr Num: AR-BOP-06-08-R State Status: Fees verified and received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
 Authors: Lori Stokes, Karleen Wittkopf Disposition Date: 02/20/2008

Date Submitted: 02/06/2008 Disposition Status: Exempt from Review

Effective Date Requested (New): 06/01/2008 Effective Date (New): 06/01/2008
 Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal): 06/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 02/20/2008

State Status Changed: 02/20/2008

Deemer Date:

Corresponding Filing Tracking Number: AZ-BOP-06-08-F

Filing Description:

Pharmacists Mutual Insurance Company would like to file for your review and approval our revised Businessowner's exception pages.

SERFF Tracking Number: PHAR-125461614 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-BOP-06-08-R
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Filing Revised BOP exception page
Project Name/Number: /

We would like this filing to be effective for all policies on and after June 1, 2008.

Company and Contact

Filing Contact Information

Lori Stokes, lori.stokes@phmic.com
PO Box 370 (800) 247-5930 [Phone]
Algona, IA 50511

Filing Company Information

Pharmacists Mutual Insurance Company CoCode: 13714 State of Domicile: Iowa
808 Highway 18 West Group Code: 775 Company Type: Mutual
P.O. Box 370
Algona, IA 50511 Group Name: State ID Number:
(800) 247-5930 ext. [Phone] FEIN Number: 42-0223390

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25/rule
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$25.00	02/06/2008	17852349

SERFF Tracking Number: PHAR-125461614 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-BOP-06-08-R
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Filing Revised BOP exception page
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	02/20/2008	02/20/2008

SERFF Tracking Number: PHAR-125461614 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-BOP-06-08-R
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Filing Revised BOP exception page
Project Name/Number: /

Disposition

Disposition Date: 02/20/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rules filing and review requirements.

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-125461614 State: Arkansas

Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25

Company Tracking Number: AR-BOP-06-08-R

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Filing Revised BOP exception page

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Filing Memorandum	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal Document	Accepted for Informational Purposes	Yes
Rate	Countrywide BOP Exception Pages	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>PHAR-125461614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AR-BOP-06-08-R</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Filing Revised BOP exception page</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125461614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>AR-BOP-06-08-R</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Filing Revised BOP exception page</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Countrywide BOP Exception Pages	Pages 1-9	Replacement	CW BOP Exception Pages 06-08.pdf CW BOP Exception Pages 06-06 bluelined.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 1.4 has been withdrawn and replaced by the following:

1.4 Retail, Service, or Processing

Buildings – Buildings occupied principally by eligible retail, service, or processing operations are eligible. Eligible retail, service, and processing classifications are shown in the classification section of this manual. The total area of the building must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

Storage buildings occupied by the insured are also eligible. They must be incidental to the eligible retail, service, or processing operation and must not exceed 25,000 square feet.

Floor areas do not include basement areas not open to public.

Business Personal Property – The business personal property of eligible retail, service, or processing operations shown in the classification section of this manual is eligible. The area of the retail, service, or processing operation must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

The business personal property in storage buildings occupied by the insured is also eligible. The storage buildings must not exceed 25,000 square feet and must be incidental to the retail, service, or processing operation.

Floor areas do not include basement areas not open to the public.

Rule 1.9 has been added:

1.9 Protection Plus Coverages (BP 0200 Only)

Risks classified as a Gift, Card, Collectibles, Home Decor/Accessories, Stationery Store or related risks are eligible for the Protection Plus Coverages.

A list of the coverages and corresponding limits that are provided under the Protection Plus Coverages Endorsement follows:

<u>Property Coverage</u>	<u>Limits</u>
Accounts Receivable	
- at the premises	\$ 25,000
- away from the premises	\$ 5,000
Valuable Papers and Records	
- at premises	\$ 25,000
- away from premises	\$ 5,000
Lease Requirement Property Coverage	\$ 25,000
Business Personal Property - Stored Off Premises	Included
Seasonal Increase	Cov B Limit
Spoilage of Perishable Stock	\$ 5,000
Water Damage – Back up of Sewers and Drains	Cov B Limit
Employee Dishonesty	\$ 10,000
Money & Securities Coverage - Inside Premises	\$ 10,000
- Outside Premises	\$ 10,000
Outdoor Signs	\$ 5,000
Loss of Income	Enhanced
Off Premises Utility Failure	\$ 10,000
Earnings from Dependent Locations	\$ 10,000

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

1.9 Protection Plus Coverages (BP 0200 Only) (continued)

<u>Liability Coverage</u>	<u>Limits</u>
Employment Practices Liability	\$ 5,000

There is no charge for the attachment of this endorsement.

Attach endorsement PM 1107B.

Rule 1.10 has been added:

Rule 1.10 Expanded Property Coverages (BP 0200 Only)

Risks classified as a Pharmacy, Home Medical Equipment, Home Health Care, Office or any other risk not eligible for Protection Plus Coverages are eligible for the Expanded Property Coverages.

A list of the coverages and corresponding limits that are provided under the Expanded Property Coverages Endorsement follows:

<u>Coverage</u>	<u>Limits</u>
Coverage B - Business Personal Property	Enhancement
Glass	Enhancement
Business Personal Property – Off Premises	Enhancement
Spoilage of Perishable Stock	\$ 5,000
Coverage C - Off Premises Utility Failure	\$ 10,000
Coverage C - Loss to Another Property	\$ 5,000
Employee Dishonesty	\$ 5,000
Money & Securities	Enhancement

There is no charge for the attachment of this endorsement.

Attach endorsement PM 1015B.

Rule 7.5 has been withdrawn and replaced by the following:

7.5 Minimum Premiums

The annual policy minimum premiums vary by form of coverage as shown below.

Form BP 0100 \$250.00

Form BP 0200 \$500.00

Rule 8.14 has been withdrawn and replaced by the following:

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement

Coverage is available under Businessowners form BP 0200 for direct physical loss to covered property due to an accident resulting from mechanical breakdown, including rupturing or bursting caused by centrifugal force, artificially generated electrical current, including electrical arcing other than lightning, explosion of steam boilers, steam piping, steam engines, or steam turbines, and damage to hot water boilers or other water heating equipment. Coverage is also provided for direct expenses from drying out covered electrical equipment as a result of a flood.

Any business otherwise eligible for coverage under the Businessowners Program is eligible for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement.

When Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is provided, coverage applies to each location described on the policy declarations and is subject to the property limits (coverage A and B) provided for each insured location.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement (continued)

The following Extensions of Coverages are also provided under the Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement endorsement, subject to a limit of \$25,000 for loss or damage caused by any combination of the following Causes of Loss:

- A - **Change in Temperature** -- Coverage is provided for loss to the insured's stock due to a change in temperature or humidity.
- B - **Expediting Expenses** -- Coverage is provided for any reasonable extra costs spent to make temporary repairs, or to expedite permanent repairs or replacement of covered equipment.
- C - **Off Premises Services** -- Coverage is provided for loss of earnings and extra expense you incur due to the interruption of the following services, not at the insured premises:
 - water supply services;
 - communication supply services;
 - gas, steam or electrical power services.
- D - **Refrigerant Contamination** -- Coverage is provided for the contamination by a refrigerant on the insured premises.
- E - **Hazardous Substances** -- Coverage is provided for the additional cost to repair or replace covered property that has been contaminated by a hazardous substance, including the additional expense to clean up or dispose of such property.

8.14.1 Value for Rating

The limit of insurance developed for the rating of Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is based on the Total Insurance Value (TIV) of covered property at the insured premises, based on the replacement cost, as follows:

- | | |
|------------------------------|----------------------------------|
| -- Owner, Owner Occupied | 100% Building and Contents Value |
| -- Owner, Not Owner Occupied | 100% Building Value |
| -- Tenant | 100% Contents Value |

8.14.2 Deductible

This coverage is subject to the Businessowners Property deductible, shown on the policy. Refer to Rule 6 of the Loss Cost Rating Information for the Deductible Factors.

8.14.3 Minimum Location Charge

The minimum premium charge for each insured location is \$25.00.

8.14.4 Rates

The rate for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is \$0.25 per \$1,000 of Total Insurance Value (TIV) per each insured location, subject to the Minimum Location Charge.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement (continued)

8.14.5 Premium Development

The premium for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is determined by multiplying the rate per Deductible by the Total Insurance Value (TIV) for every location.

Step 1 – Determine the Total Insurance Value (TIV), based on the full replacement cost, of all covered property located at an insured location.

Step 2 – Multiply the 100% TIV by the Equipment Breakdown Rate;

Step 3 – Multiply the results of Step 2 by the Deductible Factor;

Step 4 – Multiply the results of Step 3 by the Individual Risk Premium Modification that applies to the Businessowners Policy;

Step 5 – The resulting premium is subject to a \$25.00 minimum location charge.

Attach endorsement PM 1103B.

Rule 9.1 has been withdrawn and replaced by the following:

9.1 Additional Insureds

The liability section of the businessowners policies may require modification in order to extend the insured's liability protection to other persons or entities. This can be accomplished through the use of Additional Insured endorsements.

Coverage for additional insureds is subject to all of the exclusions and conditions found in the liability section of the businessowners policy to which the additional insured endorsement is attached. Each endorsement may contain additional limitations.

Unless otherwise shown in the manual, to determine the additional premium for each additional insured at each location, select the additional insured charge from the table (below) that corresponds to the occupancy of the insured.

	Premium Charge (Each additional insured, per location)
Apartment or Office Risks	\$ 5.00
All Other Risks	\$ 15.00

Rule 9.1.10 has been added

9.1.10 Newly Acquired Organizations

There is no additional premium for Additional Insured - Newly Acquired Organizations

Rule 9.7 Customers' Auto Legal Liability Coverage – Care, Custody, or Control Exception Rating Information.

Refer to the company's Commercial Automobile Program for rating.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.8 has been withdrawn and replaced by the following:

9.8 Definition of Employee Redefined

9.8.1 Exclude Leased Worker The definition of employee can be amended to exclude leased workers. A leased worker is a person leased from a labor leasing firm to perform duties related to the named insured's business.
Attach endorsement BP 0723.

9.8.2 Include Temporary Worker The definition of employee can be amended to include temporary workers. A temporary worker is a person furnished as a temporary substitute for a permanent employee who is on a leave of absence, or person added to meet seasonal or short-term workloads.
Attach endorsement PM 1114B.

Step 3 of Rule 9.12.8 has been withdrawn and replaced by the following:

9.12.8 Employment Practices Liability (Coverage F)

Premium Development – Step 3 - More Than 100 Employees

- a. Follow Step 3 for 51 to 100 employees.
- b. Multiply the 'More Than 100' per employee charge by the number of employees that exceed 100 and add the result to the charge calculated in 'a' above.

MORE THAN 100 PER EMPLOYEE CHARGE

Per Claim and Aggregate Limit (000's omitted)	\$25	\$50	\$100	\$300	\$500	\$1,000
RETAIL RISKS (Rate Groups 11 – 18)	\$12	\$15	\$20	\$22	\$24	\$28
SERVICE RISKS & RESTAURANTS (Rate Groups 2-10 and 21)	\$20	\$24	\$30	\$34	\$38	\$46
OFFICE/HABITATIONAL, WAREHOUSE & WHOLESALE RISKS (Rate Groups 1, 19, 20 & 22-29)	\$29	\$35	\$44	\$50	\$54	\$66

Rule 9.12.4 has been withdrawn and replaced by the following:

9.12.4 Minimum Premium

The following minimum premiums apply to each corresponding limit of insurance for Employment Practices Liability Coverage:

Per Claim And Aggregate Limit; (,000's omitted)

	\$25	\$50	\$100	\$300	\$500	\$1,000
Minimum	\$300	\$300	\$500	\$500	\$1,000	\$1,000

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.15.3 has been withdrawn and replaced by the following:

9.15.3 Higher General Aggregate Limit

The policy may be written subject to higher annual General Aggregate Limits. Refer to the table below for calculating the additional premium. Add the premium listed to the liability premium.

AGGREGATE LIMIT	PREMIUM CHARGE
\$ 3,000,000	\$100
4,000,000	\$150
5,000,000	\$200
6,000,000	\$250

Rule 9.18.3 has been added:

9.18.3 Pharmacy Liquor Liability Endorsement

The Pharmacy Liquor Liability Endorsement modifies the Commercial Liability Coverage by removing the liquor liability exclusion, adding four exclusions to the liquor liability coverage created, and specifying that amount of liquor liability coverage is limited as shown in the Declarations.

There are three levels of hazard depending upon the laws in the various states. The states are classified and rates applied according to the following classification table:

Class I: Delaware, Iowa, Kansas, Maryland, Missouri, Nebraska, Nevada, South Dakota, Virginia

Class II: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming

Class III: Alabama, Vermont

Pharmacy Liquor Liability Annual Rates and Minimum Premiums

CLASS RATE*/MINIMUM PREMIUM

CLASS	\$300,000	\$500,000	\$1,000,000
I	0.62 / \$ 75	0.75/\$100	0.87/\$105
II	2.40 / \$250	2.90/\$300	3.37/\$350
III	5.78 / \$625	7.00/\$750	8.15/\$875

*per \$1,000 liquor receipts

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.18.3 Pharmacy Liquor Liability Endorsement (continued)

Pharmacy Liquor Liability Credits & Debits:

The Pharmacy Liquor Liability Endorsement rates may be modified in accordance with the following Risk Management consideration to a maximum of 25% credit or debit.

RISK MANAGEMENT	MODIFICATIONS
1. Management qualifications and experience	5% credit to 5% debit
2. Employee training and supervision	10% credit to 10% debit
3. Beer and wine only	10% credit to 10% debit
4. Special Risk Management procedures taken	5% credit to 0% debit
5. Care and condition of premises	10% credit to 10% debit

Rule 10, Individual Risk Premium Modification, does not apply. Pharmacy Liquor liability minimum premiums are in addition to any policy minimum premiums.

Attach endorsement PM 1026B (all states, except: Georgia, Michigan, Mississippi, South Carolina, and Texas)
Attach endorsement PM 1026B-GA (Georgia)
Attach endorsement PM 1026B-MI (Michigan)
Attach endorsement PM 1026B-MS (Mississippi)
Attach endorsement PM 1026B-SC (South Carolina)

Rule 9.22.4 has been withdrawn and replaced by the following:

9.22.4 Pharmacy Services Professional Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from pharmacy services.

To determine the additional premium, multiply the pharmacy's annual gross receipts, in thousands, by the loss costs shown in the Countrywide Rating Information section of this manual. Gross receipts include the total amount collected for prescriptions, drugs, and pharmacy services.

Attach endorsement PM 1014B.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.22.7 has been added:

9.22.7 Home Health Care Consultation Services Liability Coverage

Coverage may be provided for Home Health Care Consultation Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) plus the per person charge. Gross receipts include the total amount collected from medical equipment or devices, health care products and home health care consultation services.

Limit	Rate per \$1,000 (Gross Receipts)
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	Home Health Care Professional and/or Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$16.00
\$ 500,000	\$20.00
\$1,000,000	\$25.00
\$2,000,000	\$35.00

Attach endorsement PM 1093B.

Rule 9.22.8 has been added:

9.22.8 Home Health Care Services Liability Coverage

Coverage may be provided for Home Health Care Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) plus the per person charges. Gross receipts include total amounts collected from medical equipment or devices, health care products, and home health care services.

Limit	Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

9.22.8 Home Health Care Services Liability Coverage (continued)

Limit	Initial Home Health Care Professional Charge	Each Additional Home Health Care Professional Charge (Per Person)	Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$800.00	\$160.00	\$16.00
\$ 500,000	\$1000.00	\$200.00	\$20.00
\$1,000,000	\$1200.00	\$250.00	\$25.00
\$2,000,000	\$1600.00	\$350.00	\$35.00

Attach endorsement PM 1098B.

Rule 9.50 has been added:

9.50 Pharmacy Professional Liability Extension

This option is only available when the Businessowners policy is being cancelled at the insureds request due to the sale or closure of the business.

Pharmacy Professional Liability coverage can be extended for bodily injury or property damage which occurs after the policy cancellation date, provided that the incident causing the bodily injury or property damage, such as dispensing a prescription, occurred while the policy was in force.

The extension term is provided for a maximum of 6-months, beginning on the policy cancellation date and ending after 182 days, unless other dates are shown on the policy endorsement.

To determine the additional premium for this Extension, multiply the policy's annual pharmacy professional liability premium (see Rule 9.22.4A) by 2.0%, subject to a minimum \$100.00 premium. The additional premium charged is fully earned and cannot be cancelled once accepted.

Attach endorsement PM 1118B.

Rule 9.51 has been added:

9.51 Financial Loss Coverage

Coverage may be provided for Financial Loss Liability. The additional premium per policy is \$75.

Rule 10, Individual Risk Premium Modification, does not apply. Financial loss liability minimum premiums are in addition to any policy minimum premiums.

Attach endorsement PM 1113B.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 1.4 has been withdrawn and replaced by the following:

1.4 Retail, Service, or Processing

Buildings – Buildings occupied principally by eligible retail, service, or processing operations are eligible. Eligible retail, service, and processing classifications are shown in the classification section of this manual. The total area of the building must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

Storage buildings occupied by the insured are also eligible. They must be incidental to the eligible retail, service, or processing operation and must not exceed 25,000 square feet.

Floor areas do not include basement areas not open to public.

Business Personal Property – The business personal property of eligible retail, service, or processing operations shown in the classification section of this manual is eligible. The area of the retail, service, or processing operation must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

The business personal property in storage buildings occupied by the insured is also eligible. The storage buildings must not exceed 25,000 square feet and must be incidental to the retail, service, or processing operation.

Floor areas do not include basement areas not open to the public.

Rule 1.9 has been added:

1.9 Protection Plus Coverages (BP 0200 Only)

Risks classified as a Gift, Card, Collectibles, Home Decor/Accessories, Stationery Store or related risks are eligible for the Protection Plus Coverages.

A list of the coverages and corresponding limits that are provided under the Protection Plus Coverages Endorsement follows:

<u>Property Coverage</u>	<u>Limits</u>
Accounts Receivable	
- at the premises	\$ 25,000
- away from the premises	\$ 5,000
Valuable Papers and Records	
- at premises	\$ 25,000
- away from premises	\$ 5,000
Lease Requirement Property Coverage	\$ 25,000
Business Personal Property - Stored Off Premises	Included
Seasonal Increase	Cov B Limit
Spoilage of Perishable Stock	\$ 5,000
Water Damage – Back up of Sewers and Drains	Cov B Limit
Employee Dishonesty	\$ 10,000
Money & Securities Coverage - Inside Premises	\$ 10,000
- Outside Premises	\$ 10,000
Outdoor Signs	\$ 5,000
Loss of Income	Enhanced
Off Premises Utility Failure	\$ 10,000
Earnings from Dependent Locations	\$ 10,000

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

1.9 Protection Plus Coverages (BP 0200 Only) (continued)

<u>Liability Coverage</u>	<u>Limits</u>
Employment Practices Liability	\$ 5,000

There is no charge for the attachment of this endorsement.

Attach endorsement PM 1107B.

Rule 1.10 has been added:

Rule 1.10 Expanded Property Coverages (BP 0200 Only)

Risks classified as a Pharmacy, Home Medical Equipment, Home Health Care, Office or any other risk not eligible for Protection Plus Coverages are eligible for the Expanded Property Coverages.

A list of the coverages and corresponding limits that are provided under the Expanded Property Coverages Endorsement follows:

<u>Coverage</u>	<u>Limits</u>
Coverage B - Business Personal Property	Enhancement
Glass	Enhancement
Business Personal Property – Off Premises	Enhancement
Spoilage of Perishable Stock	\$ 5,000
Coverage C - Off Premises Utility Failure	\$ 10,000
Coverage C - Loss to Another Property	\$ 5,000
Employee Dishonesty	\$ 5,000
Money & Securities	Enhancement

There is no charge for the attachment of this endorsement.

Attach endorsement PM 1015B.

Rule 7.5 has been withdrawn and replaced by the following:

7.5 Minimum Premiums

The annual policy minimum premiums vary by form of coverage as shown below.

Form BP 0100 \$250.00

Form BP 0200 \$500.00

Rule 8.14 has been withdrawn and replaced by the following:

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement

Coverage is available under Businessowners form BP 0200 for direct physical loss to covered property due to an accident resulting from mechanical breakdown, including rupturing or bursting caused by centrifugal force, artificially generated electrical current, including electrical arcing other than lightning, explosion of steam boilers, steam piping, steam engines, or steam turbines, and damage to hot water boilers or other water heating equipment. Coverage is also provided for direct expenses from drying out covered electrical equipment as a result of a flood.

Any business otherwise eligible for coverage under the Businessowners Program is eligible for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement.

When Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is provided, coverage applies to each location described on the policy declarations and is subject to the property limits (coverage A and B) provided for each insured location.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement (continued)

The following Extensions of Coverages are also provided under the Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement endorsement, subject to a limit of \$25,000 for loss or damage caused by any combination of the following Causes of Loss:

- A - **Change in Temperature** -- Coverage is provided for loss to the insured's stock due to a change in temperature or humidity.
- B - **Expediting Expenses** -- Coverage is provided for any reasonable extra costs spent to make temporary repairs, or to expedite permanent repairs or replacement of covered equipment.
- C - **Off Premises Services** -- Coverage is provided for loss of earnings and extra expense you incur due to the interruption of the following services, not at the insured premises:
 - water supply services;
 - communication supply services;
 - gas, steam or electrical power services.
- D - **Refrigerant Contamination** -- Coverage is provided for the contamination by a refrigerant on the insured premises.
- E - **Hazardous Substances** -- Coverage is provided for the additional cost to repair or replace covered property that has been contaminated by a hazardous substance, including the additional expense to clean up or dispose of such property.

8.14.1 Value for Rating

The limit of insurance developed for the rating of Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is based on the Total Insurance Value (TIV) of covered property at the insured premises, based on the replacement cost, as follows:

- | | |
|------------------------------|----------------------------------|
| -- Owner, Owner Occupied | 100% Building and Contents Value |
| -- Owner, Not Owner Occupied | 100% Building Value |
| -- Tenant | 100% Contents Value |

8.14.2 Deductible

This coverage is subject to the Businessowners Property deductible, shown on the policy. Refer to Rule 6 of the Loss Cost Rating Information for the Deductible Factors.

8.14.3 Minimum Location Charge

The minimum premium charge for each insured location is \$25.00.

8.14.4 Rates

The rate for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is \$0.25 per \$1,000 of Total Insurance Value (TIV) per each insured location, subject to the Minimum Location Charge.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement (continued)

8.14.5 Premium Development

The premium for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is determined by multiplying the rate per Deductible by the Total Insurance Value (TIV) for every location.

Step 1 – Determine the Total Insurance Value (TIV), based on the full replacement cost, of all covered property located at an insured location.

Step 2 – Multiply the 100% TIV by the Equipment Breakdown Rate;

Step 3 – Multiply the results of Step 2 by the Deductible Factor;

Step 4 – Multiply the results of Step 3 by the Individual Risk Premium Modification that applies to the Businessowners Policy;

Step 5 – The resulting premium is subject to a \$25.00 minimum location charge.

Attach endorsement PM 1103B.

Rule 9.1 has been withdrawn and replaced by the following:

9.1 Additional Insureds

The liability section of the businessowners policies may require modification in order to extend the insured's liability protection to other persons or entities. This can be accomplished through the use of Additional Insured endorsements.

Coverage for additional insureds is subject to all of the exclusions and conditions found in the liability section of the businessowners policy to which the additional insured endorsement is attached. Each endorsement may contain additional limitations.

Unless otherwise shown in the manual, to determine the additional premium for each additional insured at each location, select the additional insured charge from the table (below) that corresponds to the occupancy of the insured.

	Premium Charge (Each additional insured, per location)
Apartment or Office Risks	\$ 5.00
All Other Risks	\$ 15.00

Rule 9.1.10 has been added

9.1.10 Newly Acquired Organizations

There is no additional premium for Additional Insured - Newly Acquired Organizations

Rule 9.7 Customers' Auto Legal Liability Coverage – Care, Custody, or Control Exception Rating Information.

Refer to the company's Commercial Automobile Program for rating.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.8 has been withdrawn and replaced by the following:

9.8 Definition of Employee Redefined

9.8.1 Exclude Leased Worker The definition of employee can be amended to exclude leased workers. A leased worker is a person leased from a labor leasing firm to perform duties related to the named insured's business.
Attach endorsement BP 0723.

9.8.2 Include Temporary Worker The definition of employee can be amended to include temporary workers. A temporary worker is a person furnished as a temporary substitute for a permanent employee who is on a leave of absence, or person added to meet seasonal or short-term workloads.
Attach endorsement PM 1114B.

Rule 9.12.4 has been withdrawn and replaced by the following:

9.12.4 Minimum Premium

The following minimum premiums apply to each corresponding limit of insurance for Employment Practices Liability Coverage:

Per Claim And Aggregate Limit; (,000's omitted)

	\$25	\$50	\$100	\$300	\$500	\$1,000
Minimum	\$300	\$300	\$500	\$500	\$1,000	\$1,000

Step 3 of Rule 9.12.8 has been withdrawn and replaced by the following:

9.12.8 Employment Practices Liability (Coverage F)

Premium Development – Step 3 - More Than 100 Employees

- a. Follow Step 3 for 51 to 100 employees.
- b. Multiply the 'More Than 100' per employee charge by the number of employees that exceed 100 and add the result to the charge calculated in 'a' above.

MORE THAN 100 PER EMPLOYEE CHARGE

Per Claim and Aggregate Limit (000's omitted)	\$25	\$50	\$100	\$300	\$500	\$1,000
RETAIL RISKS (Rate Groups 11 – 18)	\$12	\$15	\$20	\$22	\$24	\$28
SERVICE RISKS & RESTAURANTS (Rate Groups 2-10 and 21)	\$20	\$24	\$30	\$34	\$38	\$46
OFFICE/HABITATIONAL, WAREHOUSE & WHOLESALE RISKS (Rate Groups 1, 19, 20 & 22-29)	\$29	\$35	\$44	\$50	\$54	\$66

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.15.3 has been withdrawn and replaced by the following:

9.15.3 Higher General Aggregate Limit

The policy may be written subject to higher annual General Aggregate Limits. Refer to the table below for calculating the additional premium. Add the premium listed to the liability premium.

AGGREGATE LIMIT	PREMIUM CHARGE
\$ 3,000,000	\$100
4,000,000	\$150
5,000,000	\$200
6,000,000	\$250

Rule 9.18.3 has been added:

9.18.3 Pharmacy Liquor Liability Endorsement

The Pharmacy Liquor Liability Endorsement modifies the Commercial Liability Coverage by removing the liquor liability exclusion, adding four exclusions to the liquor liability coverage created, and specifying that amount of liquor liability coverage is limited as shown in the Declarations.

There are three levels of hazard depending upon the laws in the various states. The states are classified and rates applied according to the following classification table:

Class I: Delaware, Iowa, Kansas, Maryland, Missouri, Nebraska, Nevada, South Dakota, Virginia

Class II: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming

Class III: Alabama, Vermont

Pharmacy Liquor Liability Annual Rates and Minimum Premiums

CLASS RATE*/MINIMUM PREMIUM

CLASS	\$300,000	\$500,000	\$1,000,000
I	0.62 / \$ 75	0.75/\$100	0.87/\$105
II	2.40 / \$250	2.90/\$300	3.37/\$350
III	5.78 / \$625	7.00/\$750	8.15/\$875

*per \$1,000 liquor receipts

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.18.3 Pharmacy Liquor Liability Endorsement (continued)

Pharmacy Liquor Liability Credits & Debits:

The Pharmacy Liquor Liability Endorsement rates may be modified in accordance with the following Risk Management consideration to a maximum of 25% credit or debit.

RISK MANAGEMENT	MODIFICATIONS
1. Management qualifications and experience	5% credit to 5% debit
2. Employee training and supervision	10% credit to 10% debit
3. Beer and wine only	10% credit to 10% debit
4. Special Risk Management procedures taken	5% credit to 0% debit
5. Care and condition of premises	10% credit to 10% debit

Rule 10, Individual Risk Premium Modification, does not apply. Pharmacy Liquor liability minimum premiums are in addition to any policy minimum premiums.

Attach endorsement PM 1026B (all states, except: Georgia, Michigan, Mississippi, South Carolina, and Texas)

Attach endorsement PM 1026B-GA (Georgia)

Attach endorsement PM 1026B-MI (Michigan)

Attach endorsement PM 1026B-MS (Mississippi)

Attach endorsement PM 1026B-SC (South Carolina)

Rule 9.22.4 has been withdrawn and replaced by the following:

9.22.4 ~~Pharmacists'~~ Pharmacy Services Professional Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising ~~from pharmacy~~ **the professional services provided by a pharmacist**.

To determine the additional premium, multiply the pharmacy's annual gross receipts, in thousands, by the loss costs shown in the Countrywide Rating Information section of this manual. Gross receipts include ~~the total amounts collected from customers~~ **for prescriptions, drugs, health care products, and pharmacy professional services**.

Attach endorsement PM 1014B.

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

Rule 9.22.7 has been added:

9.22.7 Home Health Care ~~Services~~ Professional Consultation ~~Services~~ Liability Coverage

Coverage may be provided for ~~Professional~~ Home Health Care Consultation ~~Services~~ Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) plus the per person charge. Gross receipts include ~~the~~ total amount collected from medical equipment or devices, health care products and ~~professional~~ home health care consultation services.

Limit	Rate per \$1,000 (Gross Receipts)
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	Home Health Care Professional and/or Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$16.00
\$ 500,000	\$20.00
\$1,000,000	\$25.00
\$2,000,000	\$35.00

Attach endorsement PM 1093B.

Rule 9.22.8 has been added:

9.22.8 Home Health Care Services Liability Coverage

Coverage may be provided for Home Health Care Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) plus the per person charges. Gross receipts include total amounts collected from medical equipment or devices, health care products, and home health care services.

Limit	Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
COUNTRYWIDE

9.22.8 Home Health Care Services Liability Coverage (continued)

Limit	First Initial Home Health Care Professional Charge	Each Additional Home Health Care Professional Charge (Per Person)	Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$800.00	\$160.00	\$16.00
\$ 500,000	\$1000.00	\$200.00	\$20.00
\$1,000,000	\$1200.00	\$250.00	\$25.00
\$2,000,000	\$1600.00	\$350.00	\$35.00

Attach endorsement PM 1098B.

Rule 9.50 has been added:

9.50 Pharmacy Professional Liability Extension

This option is only available when the Businessowners policy is being cancelled at the insureds request due to the sale or closure of the business.

Pharmacy Professional Liability coverage can be extended for bodily injury or property damage which occurs after the policy cancellation date, provided that the incident causing the bodily injury or property damage, such as dispensing a prescription, occurred while the policy was in force.

The extension term is provided for a maximum of 6-months, beginning on the policy cancellation date and ending after 182 days, unless other dates are shown on the policy endorsement.

To determine the additional premium for this Extension, multiply the policy's annual pharmacy professional liability premium (see Rule 9.22.4A) by 2.0%, subject to a minimum \$100.00 premium. The additional premium charged is fully earned and cannot be cancelled once accepted.

Attach endorsement PM 1118B.

Rule 9.51 has been added:

9.51 Financial Loss Coverage

Coverage may be provided for Financial Loss Liability. The additional premium per policy is \$75.

Rule 10, Individual Risk Premium Modification, does not apply. Financial loss liability minimum premiums are in addition to any policy minimum premiums.

Attach endorsement PM 1113B.

SERFF Tracking Number: PHAR-125461614 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-BOP-06-08-R
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Filing Revised BOP exception page
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Filing Memorandum **Review Status:** Accepted for Informational 02/20/2008
Purposes

Comments:

Attachment:

Rule Filing Mem 06-08 (06-06).pdf

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational 02/20/2008
Purposes

Comments:

Attachment:

Rule Cover letter.PDF

Satisfied -Name: Transmittal Document **Review Status:** Accepted for Informational 02/20/2008
Purposes

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

PHARMACISTS MUTUAL INSURANCE COMPANY

Businessowners COUNTRYWIDE Rule Filing Memorandum

Pharmacists Mutual Insurance Company (PhMIC) is filing revised Exception Pages in conjunction with the filing of revised company endorsements PM 1014B, PM 1093B, PM 1098B and PM 1015B.

Exception Page Revisions

The manual revisions relate to changes in PhMIC Endorsement language revisions. Changes noted are as compared to PhMIC Exception Pages 06-06; refer to the attached CW BOP Exception Pages 06-06 bluelined document.

1. Rule 1.10 Expanded Property Coverages – listing of coverages re-sequenced to follow endorsement PM 1015B language. No change to rule, coverages, or limits.
2. Rule 9.22.4 Pharmacy Services Professional Liability Coverage - language revised to follow endorsement PM 1014B language revisions.
3. Rule 9.22.7 Home Health Care Consultation Services Liability Coverage - language revised to follow endorsement PM 1093B language revisions.
4. Rule 9.22.8 Home Health Care Services Liability Coverage - language in rate chart modified from “First” to “Initial” Home Health Care Professional Charge.

Pharmacists Mutual[®]Companies

- Pharmacists Mutual Insurance Company
- Pharmacists Life Insurance Company
- Pro Advantage Services, Inc.

February 6, 2008

Division of Insurance

RE: PHARMACISTS MUTUAL INSURANCE COMPANY
NAIC #13714 NAIC GROUP #0775 FEIN: 42-0223390
Businessowners Rule Filing AR-BOP-06-08-R

Ladies and Gentlemen:

Pharmacists Mutual Insurance Company is a member of AAIS for our Businessowners Program in your state. The purpose of this filing is to file for your review and approval revisions we have made to our Businessowners exception pages. Please refer to the filing memorandum for more information.

Pharmacists Mutual is requesting that this filing become effective for all policies on and after June 1, 2008.

If you have any questions, please contact me at any of the numbers listed below.

Sincerely,



Lori Stokes
Forms/Research & Development Manager
(800) 247-5930 (Ext. 7461)
(515) 295-9306 (Fax)
Lori.Stokes@phmic.com

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	